

## MASS CHANGE FUNCTION FOR CONTRACT TRANSITIONS

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### 1.0. CONTRACT TRANSITIONS

When a new contract is awarded, the Government establishes a transition plan for the outgoing and incoming contractors. This plan specifies the schedule for implementing transition activities, e.g., dates when certain types of claims and encounters become the responsibility of the new contractor.

A contractor has access to and can view only those potential duplicate claim sets for which the contractor has responsibility for resolving and is the designated Owner FI. When a contract transition occurs, access to the duplicate claim sets must be transferred to the incoming contractor for resolution, in accordance with the transition plan. The date the incoming contractor will assume responsibility for resolving the claim sets owned by the outgoing contractor will be determined during transition meetings. The type of claim sets (i.e., at-risk, not-at-risk, network, non-network), which will be transferred to the incoming contractor will be determined at transition meetings. The Responsible FI field may be changed to an inactive FI 99 for claims which will remain the responsibility of the outgoing contractor.

For example, claim sets involving network/at-risk claims may remain the responsibility of the outgoing contractor, while non-network/not-at-risk claim sets may become the responsibility of the incoming contractor at some specified time during the transition period. Under the terms of the transition plan, the incoming contractor will be responsible for resolving the claim sets transferred to them from the outgoing contractor, including all recoupments and submissions of adjustment and cancellation HCSRs.

### 2.0. NEED FOR THE MASS CHANGE FUNCTION

When HCSRs representing potential duplicate payments (along with their corresponding adjustment and cancellation HCSRs) are extracted from the HCSR database and loaded into the Duplicate Claims Database, ownership (i.e., the **Owner FI** field) of each claim set is assigned. Additionally, a Responsible FI is assigned for each claim in the set. (See [Section 6, paragraph 1.2.](#), Responsible FI Field, for the definition of this field.) The contractor who is the Owner FI is responsible for resolving the set. When a contract transition occurs, responsibility for resolving a set may change. The Mass Change function manages this process by changing the Responsible FI field of all claims included in the transition plan. This field may be changed to the incoming contractor or to an inactive FI 99. It also may be left unchanged if the outgoing contractor remains an active contractor. The Mass Change function also changes the Owner FI field as appropriate.

For example, Contractor 1 has been using the Duplicate Claims System for a year and the Duplicate Claims System has been extracting potential duplicates, creating claim sets and

assigning ownership of these sets to this contractor. Effective, February 1, 1999, three states are carved out of this contractor's region and a new region is established. Contractor 2 is awarded the contract for this new region. The transition plan establishes that Contractor 2 will assume full responsibility for resolving non-network/not at-risk potential duplicate claim sets, previously the responsibility of Contractor 1, for these three states, on June 1, 1999. The Duplicate Claims System must be able to identify the affected non-network/not at-risk claims and change the **Owner FI** field of the affected sets to Contractor 2 effective June 1, 1999.

The Duplicate Claims System handles this requirement by initiating the Mass Change function, which sweeps the Potential Duplicate Claims database, identifies the appropriate sets and adjustments requiring changes (based on criteria established in the transition plan), and re-assigns set ownership to Contractor 2.

### 3.0. DEFINING MASS CHANGES

The TMA Contractor Evaluation Branch (CEB) is responsible for initiating the Mass Change function upon notification from the TMA Managed Care Support Branch A (MCA) or the TMA Managed Care Support Branch B (MCB) of the transition plan requirements pertaining to duplicate claims resolution. Mass Changes are initiated by the submission of Mass Change Specification Forms to the TMA ADP Facilities Management Services Contractor who is responsible for making the changes in the Duplicate Claims Database. A sample form is shown in [Figure 11-7-1](#), Mass Change Specification Form (on the following page).

The Mass Change Specification Form lists the data fields in the Duplicate Claims Database which may be used to identify claims and claim sets whose "ownership" must be changed to accommodate a contract transition. Once a Mass Change is performed, affected claims and claim sets will be accessible to the new contractor and removed from the view of the outgoing contractor.

### 4.0. MASS CHANGE INDICATORS

As previously mentioned, indicators are assigned to each claim to facilitate the identification of those claims requiring a change of resolution responsibility resulting from a contract transition. The Covered Indicator identifies a claim as being an Network, Non-Network, Residual, or Standard FI claim. The **At-Risk/Not-At-Risk** Indicator identifies a claim as At-risk or Not At-risk. [Figure 11-7-2](#), Mass Change Indicators (on page 4), describes the use of each indicator. [Figure 11-7-3](#), Network/Non-Network At-Risk/Not-At-Risk Matrix (on page 5), shows how the system assigns the Covered and Risk Indicators.

FIGURE 11-7-1 MASS CHANGE SPECIFICATION FORM

MASS CHANGE LEVEL: \_\_\_\_\_ (S&amp;P)

MASS CHANGE SEQ: \_\_\_\_\_ (S&amp;P)

DATA FIELD	FIELD LENGTH	VALUE
Mass Change Effective Date (DD MON YYYY format: 01 JUL 1995)	dd mmm yyyy	
Claim Set Status (Circle all affected by this change)	1	O, P, C, V, H
Claim Responsible FI (current value before Mass Change)	2	
Claim Responsible Contract (current value before Mass Change)	7	
Claim Processing FI	2	
Claim Processing Contract	7	
Beneficiary Region	2	
Provider Region	2	
Covered Indicator	1	
At-risk Indicator	1	
Provider Affiliation Code	1	
Filing State Code	2	
Beneficiary Zip Code Range	9	FROM: TO:
Provider Zip Code Range	9	FROM: TO:
Beneficiary Catchment Area Indicator	1	
Provider Catchment Area Indicator	1	
Processed To Completion Date Range	dd mmm yyyy	FROM: TO:
Care Begin Date Range	dd mmm yyyy	FROM: TO:
Care End Date Range	dd mmm yyyy	FROM: TO:
New Responsible FI	2	
New Responsible Contract	7	

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

FIGURE 11-7-2 MASS CHANGE INDICATORS

COVERED INDICATOR		
INDICATOR	VALUE	DESCRIPTION
Network	I	Applies to Managed Care Support claims involving a network (contracted) provider or an enrolled beneficiary
Non-Network	O	Applies to Managed Care Support claims involving a non-network (non-contracted) provider and a non-enrolled beneficiary
RESIDUAL	R	Applies to claims processed under a regional FI contract, in a CRI region prior to February 1, 1994, in the New Orleans Demonstration region prior to December 1, 1994, or to non-resident beneficiaries
Standard FI	F	Applies to Standard TMA claims processed under a regional FI contract
AT-RISK/NOT AT-RISK INDICATOR		
INDICATOR	VALUE	DESCRIPTION
At-Risk	A	Applies to Managed Care Support claims for which the contractor is at-risk. For example, the claim involved an enrollee who receives care from a network provider in the Managed Care Support Region.
Not At-Risk	N	Applies to Managed Care Support claims for which the contractor is not at-risk, or on "Residual" or "Standard FI" claims.

**FIGURE 11-7-3 NETWORK/NON-NETWORK AT-RISK/NOT-AT-RISK MATRIX**

COVERED/RISK INDICATOR COMBINATIONS	LIVES IN HEALTH SERVICE REGION	ENROLLED	NETWORK PROVIDER	DATES OF CARE PRIOR/AFTER HEALTH CARE DELIVERY	INDICATORS COVEREDRISK	
Network At-Risk	yes	yes	yes	after	I	A
Network At-Risk	no	yes	yes	after	I	A
Network At-Risk	no	yes	no	after	I	A
Network At-Risk	yes	yes	no	after	I	A
Network At-Risk	yes	no	yes	after	I	A
Network Not-At-Risk	no	no	yes	after	I	N
Non-Network At-Risk	yes	no	no	after	O	A
Non-Network Not-At-Risk	no	no	no	after	O	N
Non-Network Not-At-Risk [MCS only]*				prior	O	N
Residual [CRI or New Orleans]**	no			prior	R	N
Standard FI (non-MCS)				prior	F	N

\* These are claims, processed by the new contractor, for care rendered in the region to residents and non-residents PRIOR to the Health Care Delivery date.

\*\* These are claims, processed under a regional contractor contract, for care rendered in a CRI region or New Orleans Demonstration Region to beneficiaries who live outside the CRI or New Orleans region (non-residents).

The columns listed in the table above are defined as follows:

**Lives in Health Service Region:**

“Y” in this column means that the claim Patient Region and Provider Region are the same.

**Enrolled:**

“N” in this column means that the claim Enrollment status is (‘D’, ‘F’, ‘G’, ‘I’, ‘J’, ‘L’, ‘M’, ‘N’, ‘P’, ‘Q’, ‘S’, ‘T’, ‘V’, ‘X’, ‘Y’, ‘AA’). Otherwise, this column is set to “Y”. (See the ADP Manual for the definitions of Enrollment Code values.)

**Network Provider:**

“N” in this column means that the claim Provider Affiliation code value is in the set (0, 2); “Y” means that the claim Provider Affiliation code value is in the set (1, 3). (See the ADP Manual for definitions of Provider Affiliation code values.)

**Dates of Care Prior/After Health Care Delivery:**

This column indicates whether the dates of care on the claim or line item occur prior to or after the Health Care Delivery Date for the contract under which the claim was processed.

**Indicators:**

Mass change indicators (See [Figure 11-7-2](#)).

## **5.0. PERFORMING MASS CHANGES**

The steps for performing a Mass Change are as follows:

- 5.1. The types of claims and claim sets to be transferred to a new contractor as well as the effective dates are defined in the transition plan.
- 5.2. These requirements are provided to the TMA, Contractor Evaluation Branch (CEB) by the TMA, Managed Care Support Branch A or Managed Care Support Branch B.
- 5.3. CEB completes the Mass Change Specification Form.
- 5.4. The Mass Change Specification Form is submitted to the TMA ADP Facilities Management Services Contractor with a work order at least two weeks prior to the date the change is to be effective.
- 5.5. The TMA ADP Facilities Management Services Contractor incorporates the mass change conditions after completion of the monthly load immediately preceding the mass change effective date.
- 5.6. The TMA ADP Facilities Management Services Contractor creates a report of the claims affected by the change.
- 5.7. CEB, MCA and MCB review and approve the list of claims.
- 5.8. Unless otherwise directed, the mass changes are thereafter applied to affected claims.

## **6.0. ADMINISTRATION OF MASS CHANGES**

The Mass Change function ensures that claims affected by a transition are identified and appropriately assigned. This means that the Responsible FI field will be changed for all claims included in the transition plan. For example, on June 1, 1998, all out-of system, not-at-risk claims will be transferred from the outgoing Contractor FI 75 to the incoming Contractor FI 89. At the same time, all network, at-risk claims belonging to FI 75 will be changed to an inactive designation of FI 99.

The Mass Change function also determines if the Owner FI should be changed:

- 6.1. If the set is a single contractor set, the Owner FI will be assigned to that contractor (Responsible FI).
- 6.2. If the set is a multi-contractor set and the status of the set is Open or Closed, the Owner FI will be assigned to the Responsible FI of the claim with the latest PTC date, unless that claim has a Responsible FI of FI 99, in which case the next non-99 Responsible FI will be assigned.
- 6.3. If the set is a multi-contractor set and the status of the set is Pending or Validate, the Owner FI will be assigned to the Responsible FI of the changed claim if this claim has an identified recoupment amount and the outgoing FI is also the Owner FI. If this claim has a Responsible FI of FI 99 or if the amount identified for recoupment is not greater than \$0.00,

the Responsible FI with the latest PTC date who is not FI 99 will be assigned as the Owner FI. If none of these conditions apply, the Owner FI will not be changed.

During a transition, when the outgoing contractor has ceased entering refund and adjustment data on the Duplicate Claims System, refunds may be received and/or HCSR adjustments may still be submitted for claims in Open and Pending sets. In this case, the incoming contractor may be required to resolve the set without knowing the amount of the refund received by the outgoing contractor.

If the actual recoupment amount was zero when the set was transferred from the outgoing contractor, the incoming contractor may apply the adjustment to the set while leaving the actual recoupment amount as zero dollars. Resolution would result in a Validate status, requiring an explanation by the incoming contractor that the outgoing contractor did not enter the actual recoupment amount.

Mass changes will be strictly controlled by TMA in accordance with each contract's transition plan. See [Addendum C](#), Outgoing FI Contractor to an Incoming MCS Contractor DCS Transition Schedule Guide, for a description of the activities and time tables that can be incorporated in a contractor to contractor transition plan. See [Addendum D](#), Outgoing Contractor to an Incoming Contractor DCS Transition Schedule Guide, for a description of the activities and time tables that can be incorporated into an MCS to MCS contractor transition plan.

